

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Office of Health Equity*

# **VHA Health Equity Action Plan**

VHA Office of Health Equity (10EB)

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# VHA Health Equity Action Plan

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# VHA Health Equity Action Plan

## Background

The **VHA Office of Health Equity** (OHE) is charged with reducing disparities in health and health care affecting Veterans and enabling all Veterans to achieve equitable health outcomes. It is the only office in VA with a mission to understand differences across many groups of Veterans and to work to eliminate non-clinical differences related to:

- Racial or ethnic group
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive / sensory / physical disability

## Health Equity

Health equity is the field of understanding how people's social characteristics and environments affect health and designing interventions that enable the attainment of the highest level of health for all people. It is vital to the delivery of care that is just, high quality, and efficient and at the heart of several **VA priorities**:

- Improving the **customer experience** requires understanding and meeting the unique needs of different groups of Veterans.
- Supporting the **MISSION Act** requires helping different groups of Veterans access care that is best for them.
- **Preventing suicide** requires identifying and reducing the life stressors that lead to vastly different rates of suicide among different groups of Veterans.

**Health equity** is at the center of several Veterans Health Administration (VHA) lanes of effort:

- Building a **high reliability organization** requires identifying and accommodating different groups of Veterans with different risks of harm that interfere with the attainment of desired health outcomes.
- Improving **access to care** requires assessing the different markets in which different groups of Veterans live and developing culturally appropriate services that help Veterans overcome barriers to care unique to them.
- Engaging Veterans to optimize their **Whole Health** requires understanding the unique stressors that different groups of Veterans face and building culturally appropriate social services and peer supports.
- **Reducing variation** in performance across VHA facilities requires identifying and addressing Veteran and environmental characteristics that drive much of the differences

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- Modernizing the **electronic health records** requires ensuring that providers have access to information on Veterans' social characteristics and environments needed to deliver high quality care.

**Health equity** plays an important role in some of VHA's largest **achievements**. For example, **hepatitis C** disproportionately affects minority and older Veterans. VA achieved the benchmark of treating 100,000 Veterans for hepatitis C. This effort required extensive outreach to minority Veteran groups and those from different military eras; especially Vietnam and Korea-era Veterans. However, minority Veterans continue to be less likely to receive treatment for hepatitis C. Similarly, **homelessness** disproportionately affects various vulnerable groups of Veterans. VA's continued success in placing Veterans into stable housing and depends upon identifying and reaching these groups. Additionally, increasing **access to care** by enhancing **telehealth** programs for Veterans living in rural areas reduces geographic barriers to quality health care. By targeting outreach to vulnerable Veteran groups and implementing interventions that address these groups' specific health care needs, VA continues to provide high quality care to all Veterans.

## Health Equity Action Plan

After OHE was established in 2012, the Health Equity Coalition (HEC), consisting of equity stakeholders throughout VA, was assembled. OHE and the HEC created a **Health Equity Action Plan** (HEAP) to guide the work of the office.

The **2016 Commission on Care** and Fiscal Year **2018 Omnibus Budget** called for specific actions by VA to improve equitable and quality care for all Veterans. Consequently, the HEC was reconvened to make recommendations for change and to develop a new plan to guide the next 5 years of OHE. The new plan is organized around 5 Aims to match the goals of the **National Partnership for Action to End Health Disparities (NPA)** National Stakeholder Strategy (NSS), the HHS led federal strategy for eliminating disparities:

- Awareness
- Leadership
- Health system and life experience
- Cultural and linguistic competency
- Data, research, and evaluation

The HEAP is a living strategic document to achieve health equity for U.S. Veterans. Individual action plans with performance goals will be developed annually for each of the 5 Aims. Plans and benchmarks for achieving milestones will be regularly reviewed, updated as necessary, updated and assessed to determine successes and barriers.



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## Aim 1: Awareness

### Description

Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.

(NPA NSS Strategy: 1, 2, and 4)

Activities	Rationale
1. OHE provides leadership, education, and coordination for the HEC in advancing the HEAP in support of VA FY2018-2024 Strategic Plan, Goal 2—"Veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their well-being and independence throughout their life journey."	<ul style="list-style-type: none"><li>The HEC will ensure that OHE is focused on priorities that are most meaningful to the Veteran population to address disparities.</li></ul>
2. Pursue strong strategic partnerships for implementing the HEAP with internal and external organizations	<ul style="list-style-type: none"><li>Partnerships ensure that OHE is able to leverage expertise and resources from other organizations to identify disparities and address unmet needs, including social determinants of health contributing to health inequities.</li></ul>
3. Develop a comprehensive communication plan, reviewed at least annually, to address existing disparities and highlight interventions and other efforts to promote equity within VHA.	<ul style="list-style-type: none"><li>Ensures that OHE is providing the most recent data and information about Veteran health disparities to both internal and external audiences e.g. equity training modules for health care providers and clinicians, material targeted to Veterans.</li></ul>

### Five-Year Milestones

- Ensure that each annual comprehensive communication plan is comprehensive of materials to address various audiences (i.e. Veterans, health care providers, researchers) on existing disparities, research findings around equity, and efforts to reduce disparities among Veterans.
- Integrate and bundle individual awareness products into product suites or toolkits aligned under common themes and make available to appropriate audiences. Update product suites on an ongoing basis.
- Development of large network of partners engaged in equity work both within and outside of VA and utilize this network to raise awareness of health inequities and for OHE to become aware of and to highlight interventions to reduce disparities amongst Veterans.
- Development of new OHE webpages with data, tools, and information that address inequities of specific Veteran populations.



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## Aim 2: Leadership

### Description

Strengthen and broaden leadership for addressing health disparities at all levels

(NPA NSS Strategy: 5 and 6)

Activities	Rationale
1. Establish HEC presence on the National Leadership Council (NLC) or Leadership Governance Board via addition of Chair HEC/Executive Director OHE	<ul style="list-style-type: none"><li>To foster communication and relationship building with leadership across VHA in support of health equity goals. Collaboration results in better performance and accomplishments</li></ul>
2. VHA Leadership, program offices, HEC and Veteran Integrated Service Networks (VISNs) commit resources (financial, human, information, etc.) to implement HEAP and health equity projects with outcome evaluation strategies	<ul style="list-style-type: none"><li>Health equity is not a siloed function of one office but rather should be represented across VHA to include components of the organizational structure that include human resources, information technology, and health care practices</li></ul>
3. Establish and expand access to leadership trainings to equip leaders with the capacity to engage all VHA members on activities for health prevention and equity work.	<ul style="list-style-type: none"><li>Equipping staff with the knowledge on existing health issues among various population groups and taking customizable preventative measures will result in better quality of care and performance.</li></ul>

### Five-Year Milestones

- Establish presence on the NLC and/or pertinent reporting committee and strategic partnerships via network directors and field representatives that have existing presence that are health equity champions.
- Identify direct & indirect funding mechanisms for health equity projects supported by OHE/HEC.
- Work with integrated ethics committees for best approaches to build capacity among leaders and providers to include harassment training.

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## Aim 3: Health Outcomes

### Description

Improve health and healthcare outcomes for racial, ethnic, and underserved populations (NPA NSS Strategy: 8 and 11)

Activities	Rationale
1. Help VA understand variations in use, preferences, and barriers to VHA care and Veterans Benefits Administration (VBA) benefits across different groups of Veterans to increase numbers of eligible Veterans of all groups receiving services.	<ul style="list-style-type: none"><li>OHE can affect care delivered by VHA and services provided by VBA to improve outcomes. It is difficult to affect Veterans who have no contact with VA or to improve access without assessing the changing health care ecosystem.</li></ul>
2. Help VISNs and VA medical centers (VAMCs) identify best opportunities for improving outcomes with an Equity Guided Improvement Strategy (EGIS) and identify evidence-based treatments for identified opportunities.	<ul style="list-style-type: none"><li>VISNs and VAMCs can directly affect care that improves outcomes such as control of chronic diseases and mortality.</li></ul>
3. Help VISNs and VAMCs identify social risks and match at-risk Veterans with appropriate social services.	<ul style="list-style-type: none"><li>For many Veterans, health is affected by social risks. VISNs and VAMCs can directly affect social risks to improve outcomes.</li></ul>
4. Help VHA central offices understand variations in the services they support across different groups of Veterans.	<ul style="list-style-type: none"><li>Many VHA central offices support the efforts at VISNs and VAMCs to improve outcomes but may not have a strong equity perspective.</li></ul>
5. Help Community Care access data on variations in the services purchased by their program across different groups of Veterans.	<ul style="list-style-type: none"><li>Veterans may receive inequitable community care that affects outcomes.</li></ul>

### Five-Year Milestones

- Identify and analyze data on Veterans not receiving services from VA using data from VA Office of Enterprise Integration, VBA, and HHS with Access to Care.
- Develop, pilot, evaluate, deploy EGIS tool with the Office of Reporting, Analytics, Performance, Improvement and Deployment (RAPID); Center for Health Equity Research and Promotion (CHERP), OHE Quality Enhancement Research Initiative National Partnered Evaluation Center (OHE-PEC), VISN 17, and other VAMC partners. Identify evidence-based treatments and develop and deploy implementation guides with Health Services Research & Development. Track improvement in one health outcome.
- Support development and deployment of social risk screener with VISN 1. Develop and deploy of social services inventory with VISN 1, National Resource Directory, and community partners.
- Identify interested VHA central offices and help them acquire and analyze equity data.
- Help Community Care acquire equity data.



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## Aim 4: Workforce Cultural and Linguistic Competency

### Description

Improve cultural and linguistic competency and the diversity of the health-related workforce (NPA NSS Strategy: 14, 15, and 16)

Activities	Rationale
1. Support and/or provide training and learning resources in the areas of health equity, cultural and linguistic competency, and shared decision-making tools for all levels of the workforce and Veterans.	<ul style="list-style-type: none"><li>Supports VHA vision that care teams work in learning environments, the VHA strategic plan objective of preparing a workforce to deliver high quality care. Utilizes formal training to ensure awareness and skills among workforce to be sensitive to Veteran needs for a better experience when receiving care.</li></ul>
2. Partner and collaborate with appropriate program offices to incorporate cultural and linguistic competency into education activities and programs within and outside VA, new and established.	<ul style="list-style-type: none"><li>Supports VHA strategic plan goals and objectives of collaboration and alignment of resources to deliver sustained value to Veterans. Working across and beyond VA ensures more of the workforce receives quality training and improved care reaches more Veterans.</li></ul>
3. Promote best practices, share resources, and create programs for diversifying the clinical workforce.	<ul style="list-style-type: none"><li>Supports VHA strategic plan objective of Quality &amp; Equity and personalized care specifically relevant to individual user. Allows Veterans to receive care from clinicians who they identify with, prefer to receive care from, and/or who understand their needs based on their perspective or situation.</li></ul>
4. Support and/or provide resources that address: the inequities and needs of specific Veteran populations (women; racial and ethnic minorities; Lesbian, Gay, Bisexual, and Transgender; seniors; rural; etc.) health literacy, and language barriers in all forms of communication.	<ul style="list-style-type: none"><li>Supports VHA strategic plan objective that Veterans receive effective and equitable health care irrespective of geography, gender, race, age, culture or sexual orientation. Helps eliminate disparities among Veteran populations.</li></ul>

### Five-Year Milestones

- Update OHE webpages with new and updated training and resources that address the full range of equity and competency needs with established methods for usage monitoring and user feedback.
- Develop training, evaluation plan, and calendar/rollout plan for VHA Leadership.



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- Establish formal and informal partnerships that produce and report incorporation or use of OHE cultural and linguistic competency resources within facilities and programs across VA.
- Increase in the diversity of the clinical workforce as reported by VAMCs, human resources, or the All Employee Survey as a result of established mechanisms for diversity.
- Complete assessment of resources and Veterans needs and established methods for monitoring workforce engagement, feedback from Veteran populations, and continuous improvement. Methods should be established at the start of the five-year period.



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## Aim 5: Data, Research, and Evaluation

### Description

Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes (NPA NSS Strategy: 17, 19, and 20)

Activities	Rationale
1. Identify VA and non-VA data sources for health equity and related information.	<ul style="list-style-type: none"><li>• VA data sources provide insights on care from VA medical centers and non-VA data sources provide insights on care in the community and for Veterans not enrolled in VA care.</li><li>• This information can be used to identify gaps in available data and help prioritize strategies for closing gaps in data.</li></ul>
2. Conduct data analyses and maintain inventory of data, research, and evaluation activities occurring within and outside of VA related to Veterans.	<ul style="list-style-type: none"><li>• Provides insights on existing activities to improve Veteran health equity issues.</li></ul>
3. Identify strategies for capturing data for vulnerable populations and social determinants of health and promote data collection, evaluation, and reporting for such populations	<ul style="list-style-type: none"><li>• Ensures a consistent approach for capturing data on Veteran health equity issues and that insights about Veteran equity issues are incorporated into VA priorities and policies.</li></ul>
4. Develop strategy for prioritizing, monitoring, and tracking identified disparities.	<ul style="list-style-type: none"><li>• Guides strategic actions for ameliorating health disparities and inequities.</li></ul>

### Five-Year Milestones

- Up-to-date environmental scan of equity activities from program offices, published literature, and stakeholders.
- Development of searchable collection of data and tools to assess Veteran health equity issues at VISNs, facilities, and in the community including measures, studies, and interventions.
- Incorporation of health equity and social determinants of health data in the electronic health record and conduct on-going assessment of barriers to quality data (i.e., standardized screener, qualitative evaluations).
- Enterprise-wide adoption of standards for collecting and analyzing Veteran health equity issues and for vulnerable populations.